

**INDIANA RESPIRATORY CARE COMMITTEE
STUDENT PERMIT TO PRACTICE RESPIRATORY CARE
INFORMATION AND INSTRUCTIONS**

Before completing and submitting your application to our office, please read all materials and information included.

Student Permits are issued to individuals who are currently enrolled in a respiratory care program and are a student in good standing. Student permit holders may only perform respiratory care procedures that have been part of a course the individual has successfully completed in the respiratory care program and for which the successful completion has been documented. The procedures permitted may be performed only on adult patients who are not critical care patients and under the proximate supervision of a practitioner.

CONTENTS OF APPLICATION PACKET

This application packet should contain the following information:

Information and Instruction Sheet (Yellow)
Application For Student Permit (Blue)
Respiratory Care Statute (IC 34.5)
Respiratory Care Rules (Title 844)
Health Professions Standards of Practice (IC 25-1-9) [Attached to the Respiratory Care Statutes]

If your packet does not contain all of the above information please go to the Committee's website at www.IN.gov/hpb to download the missing information or contact the Bureau to have this information forwarded to you.

BUREAU ADDRESS/PHONE NUMBER/WEB SITE/EMAIL/FAX NUMBER

Health Professions Bureau
ATTN: Indiana Respiratory Care Committee
402 West Washington Street, Room 041
Indianapolis, Indiana 46204
Website: www.IN.gov/hpb
Staff Email: hpb8@hpb.state.in.us
Staff Phone: (317) 234-2054
FAX: (317) 233-4236

THE FAIR INFORMATION PRACTICE ACT

In compliance with IC 4-1-6, this agency is notifying you that you must provide the requested information or your application will not be processed. You have the right to challenge, correct, or explain information maintained by this agency. The information you provide will become public record. Your examination scores and grade transcripts are confidential except in circumstances where their release is required by law, in which case you will be notified.

Your Social Security Number is being requested by this state agency in accordance with IC 4-1-8-1. **Disclosure is mandatory, and this record cannot be processed without it.**

ISSUANCE OF YOUR STUDENT PERMIT

Upon the issuance of the student permit, the permit holder will receive a pocketcard and a certificate with their permit number and expiration date. Under a separate mailing, the student, hospital or facility and the school or program will receive a letter, which lists the procedures that the Committee has approved for the student to perform.

EXPIRATION OF YOUR STUDENT PERMIT

A student permit expires on the earliest of the following:

- (1) The date the permit holder is issued a license under this article.
- (2) The date the committee disapproves the permit holder's application for a license under this article
- (3) The date the permit holder ceases to be a student in good standing in a respiratory care program approved by the committee. The graduation of a student permit holder from a respiratory care program approved by the committee does not cause the student permit to expire under this subdivision.
- (4) Sixty (60) days after the date that the permit holder graduates from a respiratory care program approved by the committee.
- (5) The date that the permit holder is notified that the permit holder has failed the licensure examination.
- (6) Two (2) years after the date of issuance.

MAY ONLY PERFORM PROCEDURES THAT HAVE BEEN SUCCESSFULLY COMPLETED

An individual who holds a student permit may only perform respiratory care procedures that have been part of a course:

- (1) the individual has successfully completed in the respiratory care program designated; and
- (2) for which the successful completion has been documented and that is available upon request to the committee.

The procedures permitted may be performed only:

- (1) on adult patients who are not critical care patients; and
- (2) under the proximate supervision of a practitioner.

DEFINITION OF PROXIMATE SUPERVISION

"Proximate supervision" means a situation in which an individual is:

- (1) responsible for directing the actions of another individual; and
- (2) in the facility and is physically close enough to be readily available if needed by the supervised individual.

SUPERVISION OF A STUDENT PERMIT HOLDER

A holder of a student permit shall meet in person at least one (1) time each working day with the permit holder's supervising practitioner or a designated respiratory care practitioner to review the permit holder's clinical activities. The supervising practitioner or a designated respiratory care practitioner shall review and countersign the entries that the permit holder makes in a patient's medical record not more than seven (7) calendar days after the permit holder makes the entries.

NUMBER OF STUDENT PERMIT HOLDERS UNDER SUPERVISING PRACTITIONER

A supervising practitioner may not supervise at one (1) time more than three (3) holders of student permits issued under this section.

RESPIRATORY CARE PROCEDURES

The respiratory care procedures that are listed on page 5 of your application are the only procedures that have been approved by the Committee in which a student permit holder may perform. You may not modify the list.

ADDITIONAL PROCEDURES COMPLETED AFTER ISSUANCE OF STUDENT PERMIT

If additional procedures have been completed after the issuance of your original student permit, please contact the Committee to request an application to add additional procedures. To obtain an application please contact the Committee by calling (317) 234-2054 or by email at hpb8@hpb.state.in.us or by FAX at (317) 233-4236. You may also make your request in writing to:

Health Professions Bureau
ATTN: Indiana Respiratory Care Committee
Health Professions Bureau
402 West Washington Street, Room 041
Indianapolis, IN 46204

Please provide your name and full mailing address and be sure to state that you are requesting a student permit application to add additional procedures.

UPON GRADUATION FROM THE RESPIRATORY CARE PROGRAM

Your student permit will expire sixty (60) days after graduation from your respiratory care program. To obtain an application for licensure please go to the Committee's website at www.IN.gov/hpb to download the application and instructions. You may also contact the Committee by calling (317) 234-2054 or by email at hpb8@hpb.state.in.us or by FAX at (317) 233-4236 to request a respiratory care licensure application. You may also make your request in writing to:

Health Professions Bureau
ATTN: Indiana Respiratory Care Committee
402 West Washington Street, Room 041
Indianapolis, IN 46204

Please provide your name and full mailing address and be sure to state that you are requesting an application for respiratory care licensure.

ADDRESS CHANGE

If you have a change of address, please notify the Committee by calling (317) 234-2054 or by email at hpb8@hpb.state.in.us or by FAX at (317) 233-4236. You may also make your request in writing to:

Health Professions Bureau
ATTN: Indiana Respiratory Care Committee
402 West Washington Street, Room 041
Indianapolis, Indiana 46204

Please be sure to include your student temporary permit number and/or your social security number with your request.

STUDENT PERMIT INSTRUCTIONS

▪ **APPLICATION**

Applicants must submit Part I, Part II and Part III of the application and all documentation required to the Committee at the following address:

Health Professions Bureau
ATTN: Indiana Respiratory Care Committee
402 West Washington Street, Room 041
Indianapolis, Indiana 46204

➤ **PART I. APPLICANT INFORMATION**

This section of the application shall be completed by the student applicant. Please make sure that all sections are completed and that you have answered all questions and signed both signature lines as listed in the Affirmations.

➤ **PART II. HOSPITAL OR FACILITY OF EMPLOYMENT**

This section of the application shall be completed by the licensed respiratory care practitioner designee at the hospital or facility where the student will be employed. Please make sure that the designee has completed all sections and read all information as to the supervisor's responsibilities to the student permit holder. After the designee has completed the application and read all of the information, the designee must sign and date the Affirmation at the end of the form.

➤ **PART III. RESPIRATORY SCHOOL OR PROGRAM**

This section of the application shall be completed by the respiratory school or program to document which respiratory care procedures have been completed. Please have the Program Director and Director of Clinical Education complete this part of the application. The student will only be allowed to perform such procedures as checked-off on this form. The Program Director and Director of Clinical Education must sign and date the Affirmation at the end of the form.

▪ **AFFIDAVIT**

If you answer "yes" to any of the seven (7) questions on the application, the applicant must explain fully in a signed and notarized affidavit, meaning an explanation or statement of facts and or events, including all related details. Describe the event including location, date and disposition.

▪ **APPLICATION FEE**

Applicants must submit a twenty-five dollar (\$25) application fee, made payable to the Health Professions Bureau. This fee may be submitted by cash, check or money order. We cannot accept payment by credit card. **ALL FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.**

▪ **PHOTOGRAPH**

Applicants must submit one (1) acceptable photograph, taken not earlier than eight (8) weeks prior to the date of application. The photograph should be approximately 2 x 3 inches, head and shoulders view of the applicant only, black and white or color, of professional quality. No "Polaroid" type photographs, laminated photographs, laminated identification cards or group photographs will be accepted.

▪ **NAME CHANGE**

An official affidavit indicating any legal name change, a notarized copy of a marriage certificate, or divorce decree is acceptable in your name differs from that on any of your documents.